FITNESS SOURCE
Payment Authorization Agreement

Name: _____ **Date: _____**

Employer: _____ Membership Type: _____

Additional Names on this Account: _____

Please Sign Desired Payment Option:

Electronic Funds Transfer (EFT) **Signature _____**
I authorize Saint Luke's Hospital of Kansas City – Fitness Source to initiate entries to my checking / savings account indicated below and the BANK below to post the same to such account on the ***5th of each month***.
Bank Name: _____ Branch: _____

Address: _____ City: _____ ST: _____ Zip:_____

Please attach voided check **OR** carefully complete the information below:
Transit Number: _____ (9 digits) Account Number: _____
Check one: Savings Account _____ or Checking Account _____
A customer has the right to stop payment on any entry by notification to Bank prior to posting the account. If an erroneous entry is initiated by Saint Luke's Hospital – Fitness Source to a customer's account, customer shall have the right to have the amount of such entry reversed to such account by BANK, if, within 15 calendar days following the date on which the BANK sent to customer statement of account or a written notice pertaining to such entry, stating that such entry was in error and requesting BANK to reverse the amount thereof to such account. Transactions returned due to insufficient funds will result in a $15 processing fee.

Credit Card Charge on the *5th of each month.* **Signature _____**
_____ Visa _____ MasterCard _____ Discover _____ American Express
Account #: _____ Expiration Date: _____

Payroll Deduction – KCMO Employees Only - *$15.00 from 1st and 2nd paycheck of month.*
I have chosen to pay my monthly membership through payroll deduction on a pay ahead basis with the City of KCMO (including recovery from future earnings if on unpaid leave.) I understand that if I leave the City, my membership rate will transfer to the community rate and I will have 30 days to notify Fitness Source in writing to switch to another billing option, otherwise my membership will be cancelled.

Full Name as appears on City Record: _____
LAST FIRST M.

Employee ID# _____

Employee Signature _____ **Date Signed _____**

Office Use Only:

Membership Type: KCMO City Employee _____ KCFD _____ Community _____ Corporate _____ Other _____

Date to Begin Recurring Charge: _____

Monthly Dues: $ _____

White = HPS Yellow = Participant